

Physician/Resident/ Fellows/Student Registration Form



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1 ATTENDEE INFORMATION *(Separate form for each individual)*

Full Name _____ Preferred First Name on Badge _____

Organization/Employer _____

Address (circle: home or office) _____

Street Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Fax _____

2 REGISTRATION FOR PHYSICIANS/RESIDENTS/FELLOWS/STUDENTS

FULL MEETING Registration	Before 8/5	After 8/5	Onsite After 9/6
<input type="checkbox"/> TPS Active Member	\$395	\$445	\$495
<input type="checkbox"/> TPS Emeritus or Life	\$310	\$360	\$410
<input type="checkbox"/> TPS Resident/Fellow	FREE	FREE	\$25
<input type="checkbox"/> TPS Medical Student	FREE	FREE	\$25
<input type="checkbox"/> Non-Member Physician	\$595	\$645	\$695
<input type="checkbox"/> Non-TPS Member Resident/Student	\$50	\$50	\$60

Subtotal FULL MEETING Registration Fee: \$ _____

To register a spouse/guest or non-physician for the meeting, see the non-physician registration form (next page).

Please check the included meals and events you plan to attend

- Lunch - Thursday Breakfast - Friday Presidents' Reception - Friday Awards Luncheon - Saturday
 Reception- Thursday Lunch - Friday Breakfast - Saturday Buffet Breakfast - Sunday

Dietary Restrictions?
 Yes No

ONE DAY Registration	Before 8/5	After 8/5	Onsite After 9/6
<input type="checkbox"/> TPS Active/Emeritus/Life Member	\$225	\$225	\$250
<input type="checkbox"/> Non-Member Physician	\$275	\$275	\$300

Please check one: Thursday Friday Saturday Sunday

Subtotal ONE DAY Registration Fee: \$ _____

TWO DAY Registration	Before 8/5	After 8/5	Onsite After 9/6
<input type="checkbox"/> TPS Active Member	\$350	\$350	\$375
<input type="checkbox"/> Non-Member Physician	\$400	\$400	\$425

Please check one: Thurs./Fri. Fri./Sat. Sat./Sun.

Subtotal TWO DAY Registration Fee: \$ _____

3 A'LA CARTE ITEMS FOR PHYSICIANS/RESIDENTS/FELLOWS/STUDENTS

A'la Carte Social Events/Other Program Tickets & Syllabus

<input type="checkbox"/> Foundation Benefit Single - Saturday	\$110	\$ _____	<input type="checkbox"/> Foundation Raffle Tickets (3 for \$125)	\$125	\$ _____
<input type="checkbox"/> Foundation Benefit Couple	\$200	\$ _____	<input type="checkbox"/> Donation to Foundation	OPEN	\$ _____
<input type="checkbox"/> Foundation Benefit (children under 12) - Saturday	\$50	\$ _____	<input type="checkbox"/> Syllabus on USB Drive	\$15	\$ _____
<input type="checkbox"/> Foundation Raffle Tickets (\$50 each)	\$50	\$ _____			

Subtotal A'la Carte Fee: \$ _____ *(Physicians/students/residents/fellows)*

4 EVENT TICKETS FOR NON-REGISTERED GUESTS *(Not registering for the Meeting)*

<input type="checkbox"/> Lunch - Thursday (adults/children over 5)	\$50 pp	\$ _____	<input type="checkbox"/> Awards Luncheon - Saturday	\$55 pp	\$ _____
<input type="checkbox"/> Reception - Thursday	\$60 pp	\$ _____	<input type="checkbox"/> Foundation Benefit (adults and children 12 & over) - Saturday	\$110	\$ _____
<input type="checkbox"/> Breakfast - Friday	\$40 pp	\$ _____	<input type="checkbox"/> Foundation Benefit (couple) - Saturday	\$200	\$ _____
<input type="checkbox"/> Lunch - Friday (adults/children over 5)	\$50 pp	\$ _____	<input type="checkbox"/> Foundation Benefit (children under 12) - Saturday	\$50	\$ _____
<input type="checkbox"/> Presidents' Reception - Friday	\$60 pp	\$ _____	<input type="checkbox"/> Buffet Breakfast - Sunday	\$40 pp	\$ _____
<input type="checkbox"/> Breakfast - Saturday	\$40 pp	\$ _____			

Subtotal Event Tickets: \$ _____
(Non-registered Guests)

Dietary Restrictions?
 Yes No

5 SUBTOTALS & GRAND TOTAL Physicians/Students/Residents/Fellows & Guests

2 Registration Fee Physician/Resident/Student	3 A'la Carte Items Physician/Resident/Student	4 Event Tickets Non-Registered Guests
Subtotal \$ _____	Subtotal \$ _____	Subtotal \$ _____

GRAND TOTAL

2 + 3 + 4 = \$ _____

6 PAYMENT INFORMATION

METHOD OF PAYMENT: VISA MasterCard Discover Check – Enclosed & Payable to Texas Pediatric Society

Credit Card # _____ CID (3 digit number on back) _____

Name on Card: _____ Expiration Date: _____

Is Billing Address Different from above? YES NO If yes, please provide correct Billing Address:

Billing Address _____
 Street _____ City _____ State _____ Zip _____

REGISTER ONLINE AT: txpeds.org/annual-meeting

or CALL: (512) 370-1517

or FAX: (512) 473-8659

or MAIL FORM TO: Texas Pediatric Society, 401 West 15th Street, Suite 682, Austin, TX 78701